

Outpatient Surgery, Hospital Based

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment/Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- ☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ☐ Bureau of Health Care Quality and Compliance (BHCQC) license
- ☐ Certification from Medicare, The Joint Commission (TJC) or the American Osteopathic Association (AOA)
- ☐ Disclosure of Ownership and Control Interest Statement
(<http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/MedicalLabs/Docs/Forms/disclosureofownership0001.pdf>)
- ☐ National Provider Identifier (NPI) validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- ☐ Complete and submit to DHCFP the following two forms. These forms do not need to be included with your enrollment/revalidation documents. The return email and mailing address to DHCFP are provided at the bottom of each form. The forms are available by clicking on the links below and are also available on the Provider Enrollment webpage under "Required Enrollment Documents."
 - [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#)
 - [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#)

You do not need to submit this checklist with your enrollment/revalidation documents.